Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company,

The Netherlands Insurance Company

Product Name: AR-WC-25-190 3C WORDING- SERFF Tr Num: LBRM-125412953 State: Arkansas

FORM

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC Co Tr Num: 2008-00146 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Tammy Blake Disposition Date: 01/07/2008

Date Submitted: 01/03/2008 Disposition Status: Approved

Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-25-190 3C WORDING-FORM

Project Number: 2008-00146

Reference Organization: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 01/07/2008

State Status Changed: 01/07/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective July 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

At this time we wish to amend our Workers Compensation and Employers Liability Insurance Policy Information Page, 25-190 (07/08) to amend the wording used in Item 3.C. so that we can provide coverage in all states except those that have monopolistic funds.

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com

62 Maple Avenue (800) 826-6189 [Phone] Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company CoCode: 12696 State of Domicile: New Hampshire

62 Maple Ave. Group Code: 111 Company Type: P & C Keene, NH 03431 Group Name: State ID Number:

Keene, NH 03431 Group Name: State II (800) 826-6189 ext. [Phone] FEIN Number: 58-0953149

Peerless Indemnity Insurance Company CoCode: 18333 State of Domicile: Illinois

62 Maple Ave. Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 13-2919779

Peerless Insurance Company CoCode: 24198 State of Domicile: New Hampshire

62 Maple Avenue Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 02-0177030

.....

The Netherlands Insurance Company CoCode: 24171 State of Domicile: New Hampshire

62 Maple Avenue Group Code: 111 Company Type: Property &

Casualty

Keene, NH 03431 Group Name: State ID Number:

(800) 826-6189 ext. [Phone] FEIN Number: 02-0342937

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Retaliatory? Yes

Fee Explanation: PEERLESS INDEMNITY INSURANCE COMPANY = \$50.00 PER FORM X 1 FORM = \$50.00

Per Company: No

 SERFF Tracking Number:
 LBRM-125412953
 State:
 Arkansas

 First Filing Company:
 America First Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$0.00	01/03/2008	
Peerless Indemnity Insurance Company	\$50.00	01/03/2008	17326857
Peerless Insurance Company	\$0.00	01/03/2008	
The Netherlands Insurance Company	\$0.00	01/03/2008	

 SERFF Tracking Number:
 LBRM-125412953
 State:
 Arkansas

 First Filing Company:
 America First Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/07/2008	01/07/2008

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Disposition

Disposition Date: 01/07/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: 2008-00146

Form

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

INFORMATION PAGE

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

 Item Type
 Item Name
 Item Status
 Public Access

 Supporting Document
 Uniform Transmittal Document-Property & Approved Casualty
 Yes

 Supporting Document
 COVER LETTER
 Approved
 Yes

Approved

Yes

 SERFF Tracking Number:
 LBRM-125412953
 State:
 Arkansas

 First Filing Company:
 America First Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific Rea	adability	Attachment
Status			Date		Data		
Approved	INFORMATION	25-190	07-2008	Declaration Replaced	Replaced Form #:0.0	00	25-190 07
	PAGE			s/Schedule	25-190 01 06		08. PIC.pdf
					Previous Filing #:		25-190 07
					AR−PC&#		08.AMF.pdf
					8722;05−0		25-190 07
					16923		08.NIC.pdf
							25-190 07
							08.PII.pdf

Workers Compensation And Employers Liability Insurance Policy



TRANS.TYPE

[TRANSACTION EFFECTIVE: XX/XX/XXXX INF	ORMATION PAGE	BILL T	Y٢	
Policy Number:	Prior Policy:	Date Issued:		
Coverage Is Provided In PEERLESS INSURANCE COMPA	ANY	NCCI Number:	Number:	
1. Named Insured and Mailing Address:	Agent:			
	Agent Code: Ag	gent Phone:		
Federal Employer ID Number: XXXXXXXXXX	Filing Number: XXXXXXXXX	SIC Code: XXXX		
Other Workplaces not shown above:				
Entity of Insured:				
 POLICY PERIOD: The Policy Period is from XX/XX/XXXX to XX/XX/XXXX, 	12:01 AM Standard Time at the i	nsured's mailing address.		
3. A. WORKERS COMPENSATION INSURANCE:				
Part One of the policy applies to Workers' Compensat [ST]	ion Law of the states listed here:			
B. EMPLOYERS LIABILITY INSURANCE:				
Part Two of the policy applies to work in each state list	ed in 3.A. The limits of liability ur	der Part Two are:		
Bodily Injury by Accider	nt \$ each accide	ent		
Bodily Injury by Disease	e \$ policy limit			
Bodily Injury by Disease	e \$ each emplo	yee		
C. OTHER STATES INSURANCE:				
Part Three of the policy applies to states, if any, listed and states designated in item 3.A. on the Information	•	kota, Ohio, Washington, Wyom	ning	
D. ENDORSEMENTS AND SCHEDULES:				
This policy includes these endorsements and schedule	es: See attached ENDORSEME	NT SCHEDULE		
4. Premium:				
The premium for this policy will be determined by our Man information required below is subject to verification and ch		tes and Rating Plans. All		
Code Number Classifications	Premium Basis Total Estimated Annual Remuneration	Rate Per Estimate \$100 of Annual Remuneration Premium		
See attached EXTENSIO	ON OF INFORMATION PAGE			

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TRANS.TYPE [REVISED WORDING]

Policy Number:			
Named Insured:	Agent:		
	Agent Code:	Agent Phone:	
WORKERS COM	IPENSATION AND EMPLOYERS LIABILITY	Y INSURANCE POLICY (continued)	
	POLICY PREMIUM TOTALS	S	
	Total Estimated Standard Pro	remium \$	
0900	[Expense Constant	\$]	
	[Total Premium Discount	\$]	
	[Total Estimated Premium	\$]	
	[Total Assessments/Funds/S	Surcharges \$]	
	[Total Estimated Cost	\$]	
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL	
Countersigned by:		Date:	

Authorized Signature

Copyright 1987 National Council on Compensation Insurance.

Workers Compensation And Employers Liability Insurance Policy

America First Insurance no Member of Liberty Manual Group

TRANS.TYPE

[TRA	NSACTION EFFECTIVE: XX/XX/XXXX	INFORMATION PA	\GE		BILL TYPI
Poli	icy Number:	Prior Policy:		Date Issued:	
Cov	verage Is Provided In AMERICA FIRST INSURANC	E COMPANY		NCCI Number:	
1.	Named Insured and Mailing Address:	Agent:			
		Agent Code:	: A	gent Phone:	
Fed	eral Employer ID Number: XXXXXXXXXXX	Filing Numb	er: XXXXXXXX	SIC Code: XXX	(X
Othe	er Workplaces not shown above:				
Enti	ty of Insured:				
	POLICY PERIOD: The Policy Period is from XX/XX/XXXX to XX/XX/XX	XX, 12:01 AM Stand	dard Time at the	nsured's mailing a	ddress.
3. A	A. WORKERS COMPENSATION INSURANCE:				
	Part One of the policy applies to Workers' Comper	nsation Law of the s	tates listed here:		
	[ST]				
В	B. EMPLOYERS LIABILITY INSURANCE:				
	Part Two of the policy applies to work in each state	e listed in 3.A. The li	mits of liability ur	nder Part Two are:	
	Bodily Injury by Acc	cident \$	each accide	ent	
	Bodily Injury by Disc	ease \$	policy limit		
	Bodily Injury by Disc	ease \$	each emplo	yee	
C	C. OTHER STATES INSURANCE:				
	Part Three of the policy applies to states, if any, lie and states designated in item 3.A. on the Informat		•	akota, Ohio, Washi	ngton, Wyoming
D	D. ENDORSEMENTS AND SCHEDULES:				
	This policy includes these endorsements and sche	edules: See attache	d ENDORSEME	NT SCHEDULE	
4. P	Premium:				
	The premium for this policy will be determined by our Information required below is subject to verification and	d change by audit.		ites and Rating Pla	ns. All
	Code		m Basis stimated	Rate Per	Estimated Annual
	Number Classifications		muneration	Remuneration	Premium
ir	nformation required below is subject to verification and Code	d change by audit. Premiu Total Es Annual Re	m Basis stimated muneration	Rate Per \$100 of	Estimat Annua

Copyright 1987 National Council on Compensation Insurance.

TRANS.TYPE [REVISED WORDING]

Policy Number:			
Named Insured:	Agent:		
	Agent Code:	Agent Phone:	
WORKERS COM	IPENSATION AND EMPLOYERS LIABILITY	Y INSURANCE POLICY (continued)	
	POLICY PREMIUM TOTALS	S	
	Total Estimated Standard Pro	remium \$	
0900	[Expense Constant	\$]	
	[Total Premium Discount	\$]	
	[Total Estimated Premium	\$]	
	[Total Assessments/Funds/S	Surcharges \$]	
	[Total Estimated Cost	\$]	
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL	
Countersigned by:		Date:	

Authorized Signature

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Workers Compensation And Employers Liability Insurance Policy

America First Insurance

TRANS.TYPE

[TF	RANSACTION EFFECTIVE: XX/XX/XXXX	INFORMATION PA	\GE		BILL TYPI
Р	Policy Number:	Prior Policy:	:	Date Issued:	
С	Coverage Is Provided In THENETHERLANDS INSUI	RANCE COMPANY		NCCI Number:	
1.	. Named Insured and Mailing Address:	Agent:			
		Agent Code	: Ag	ent Phone:	
Fe	ederal Employer ID Number: XXXXXXXXXXX	Filing Numb	er: XXXXXXXXX	SIC Code: XXX	Х
Ot	ther Workplaces not shown above:				
Er	ntity of Insured:				
2.	POLICY PERIOD: The Policy Period is from XX/XX/XXXX to XX/XX/X	XXX, 12:01 AM Stand	dard Time at the in	sured's mailing ac	ldress.
3.	A. WORKERS COMPENSATION INSURANCE:				
	Part One of the policy applies to Workers' Comp	ensation Law of the s	tates listed here:		
	[ST]				
	B. EMPLOYERS LIABILITY INSURANCE:				
	Part Two of the policy applies to work in each sta	ate listed in 3.A. The I	imits of liability und	der Part Two are:	
	Bodily Injury by A	ccident \$	each accide	nt	
	Bodily Injury by D	isease \$	policy limit		
	Bodily Injury by D	isease \$	each employ	ee	
	C. OTHER STATES INSURANCE:				
	Part Three of the policy applies to states, if any, and states designated in item 3.A. on the Inform		•	ota, Ohio, Washir	ngton, Wyoming
	D. ENDORSEMENTS AND SCHEDULES:				
	This policy includes these endorsements and sc	hedules: See attache	ed ENDORSEMEN	T SCHEDULE	
4.	Premium:				
	The premium for this policy will be determined by ou information required below is subject to verification a		classifications, Rate	es and Rating Pla	ns. All
	Code Number Classifications	Total E	m Basis stimated muneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
		ENSION OF INFORM			

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TRANS.TYPE [REVISED WORDING]

Policy Number:			
Named Insured:	Agent:		
	Agent Code:	Agent Phone:	
WORKERS COM	IPENSATION AND EMPLOYERS LIABILITY	Y INSURANCE POLICY (continued)	
	POLICY PREMIUM TOTALS	S	
	Total Estimated Standard Pro	remium \$	
0900	[Expense Constant	\$]	
	[Total Premium Discount	\$]	
	[Total Estimated Premium	\$]	
	[Total Assessments/Funds/S	Surcharges \$]	
	[Total Estimated Cost	\$]	
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL	
Countersigned by:		Date:	

Authorized Signature

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Workers Compensation And Employers Liability Insurance Policy

America First Insurance To Member of Liberty Mataul Group

TRANS.TYPE

[TR	ANSACTION EFFE	CTIVE: XX/XX/XXXX	INFORMATION PAGE			BILL TYPI
Ро	licy Number:		Prior Policy:		Date Issued:	
Со	verage Is Provide	d In PEERLESS INDEMNITY INSU	IRANCE COMPANY		NCCI Number:	
1.	Named Insured	and Mailing Address:	Agent:			
			Agent Code:	Age	ent Phone:	
Fee	deral Employer ID	Number: XXXXXXXXXXX	Filing Number: X	XXXXXXXX	SIC Code: XXX	ΚX
Oth	ner Workplaces no	ot shown above:				
Ent	tity of Insured:					
	POLICY PERIOD: The Policy Period i	s from XX/XX/XXXX to XX/XX/XX	(X, 12:01 AM Standard	Γime at the in:	sured's mailing a	ddress.
3.	A. WORKERS C	OMPENSATION INSURANCE:				
	Part One of the	e policy applies to Workers' Compen	sation Law of the states	listed here:		
	[ST]					
	B. EMPLOYERS	LIABILITY INSURANCE:				
	Part Two of the	e policy applies to work in each state	listed in 3.A. The limits	of liability und	ler Part Two are:	
		Bodily Injury by Acci	dent \$	each accider	nt	
		Bodily Injury by Dise	ease \$	policy limit		
		Bodily Injury by Dise	ease \$	each employ	ee	
	C. OTHER STAT	ES INSURANCE:				
		he policy applies to states, if any, lis ignated in item 3.A. on the Information		ept North Dak	ota, Ohio, Washi	ngton, Wyoming
	D. ENDORSEME	NTS AND SCHEDULES:				
	This policy incl	udes these endorsements and sche	dules: See attached EN	DORSEMEN	T SCHEDULE	
4.	Premium:					
		nis policy will be determined by our Modelicy will be determined by which will be determined by the deter		ications, Rate	es and Rating Pla	ns. All
	Code		Premium Ba Total Estima		Rate Per \$100 of	Estimated Annual
	Number	Classifications	Annual Remune		Remuneration	Premium
		See attached EYTEN	ISION OF INFORMATIC	NDAGE		

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TRANS.TYPE [REVISED WORDING]

Policy Number:			
Named Insured:	Agent:		
	Agent Code:	Agent Phone:	
WORKERS COM	IPENSATION AND EMPLOYERS LIABILITY	Y INSURANCE POLICY (continued)	
	POLICY PREMIUM TOTALS	S	
	Total Estimated Standard Pro	remium \$	
0900	[Expense Constant	\$]	
	[Total Premium Discount	\$]	
	[Total Estimated Premium	\$]	
	[Total Assessments/Funds/S	Surcharges \$]	
	[Total Estimated Cost	\$]	
Minimum Premium \$	Deposit Premium \$	Adjustment Period: ANNUAL	
Countersigned by:		Date:	

Authorized Signature

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 SERFF Tracking Number:
 LBRM-125412953
 State:
 Arkansas

 First Filing Company:
 America First Insurance Company, ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 2008-00146

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-25-190 3C WORDING-FORM

Project Name/Number: AR-WC-25-190 3C WORDING-FORM/2008-00146

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 01/07/2008

Property & Casualty

Comments:

P & C TRANSMITTAL

Attachment:

P & C TRANSMITTAL.FORM.AMF.pdf

Review Status:

Satisfied -Name: COVER LETTER Approved 01/07/2008

Comments:

COVER LETTER

Attachment:

2008-00146.trb.pdf

Property & Casualty Transmittal Document

1 . Reserved for Insurance Dept. Use Only				2	2. lı	nsurance	Departmen	t Us	se only
	•	-			a. Date the filing is received:				, ,
						Analyst:			
				-		Disposition	-		
						•		oo fil	ina:
				C			position of the	е п	ing:
							ate of filing:		
				f.	. 8	State Filing	#:		
				g	g. S	SERFF Fili	ng #:		
3.	Group Name							G	Froup NAIC #
	Liberty Mutual Agency Market	S						1	11
4.	Company Name(s)					Domicile	NAIC#		FEIN#
	Peerless Insurance Company					NH	24198		02-0177030
	The Netherlands Insurance Co	mpany				NH	24171		02-0342937
	America First Insurance Comp	any				NH	12696		58-0953149
	Peerless Indemnity Insurance	Company				IL	18333		13-2919779
5.	Company Tracking Number			2008-00)146	3			
Cor	ntact Info of Filer(s) or Corpo	rate Office	r(s)	[include	toll-	-free numb	er]		
6.	Name and address	Title		Teleph	one	#s	FAX#		e-mail
	Tammy R. Blake	State Filing	gs	800-826	-618	39 603-3	352-9252		my.blake@
	62 Maple Avenue	Analyst		Ext. 845	20		lib		rtymutual.com
	Keene NH 03431								
7	Cianature of outhorized files					l <u>—</u>			
	7. Signature of authorized filer				R	BAK			
8. Please print name of authorized filer						Chr.			
	Please print name of authorize			Tammy	R. E	Blake			
	Please print name of authorize		for o	Tammy description	R. E	Blake of these fi	elds)		
9.	Please print name of authorize ng information (see General Type of Insurance (TOI)	Instructions	for o	Tammy description rkers Co	R. Eons	Blake of these fi	elds)		
9. 10.	Please print name of authorize ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub	nstructions	for o	Tammy description rkers Co	R. Eons	Blake of these fi	elds)		
9. 10.	Please print name of authorized information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code	nstructions D-TOI) (s) (if	for o	Tammy description rkers Co	R. Eons	Blake of these fi	elds)		
9. 10. 11.	Please print name of authorized ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Requirements of the s	nstructions o-TOI) (s) (if uirements]	for d	Tammy description rkers Co rkers Co	R. E ons omp omp	of these finensation pensation	elds)		
9. 10. 11.	Please print name of authorized ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma	nstructions o-TOI) (s) (if uirements]	for d Wor	Tammy description rkers Co	R. Eons	of these finensation pensation		ates/	Rules
9. 10. 11.	Please print name of authorized ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Requirements of the s	nstructions o-TOI) (s) (if uirements]	for d Work Work	Tammy description rkers Co rkers Co rkers Co Rate/Lo	ons omp omp	of these finensation ensation cost R	ules 🗌 Ra		Rules Forms
9. 10. 11.	Please print name of authorized ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma	nstructions o-TOI) (s) (if uirements]	for d Wor	Tammy description rkers Co rkers Co rkers Co Rate/Lo	ons omp omp	of these finensation ensation cost R Combination	ules □ Ra on Rates/Ru		
9. 10. 11. 12. 13.	Please print name of authorized in print print (See General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma Filling Type	o-TOI) (s) (if uirements]	Wor	Tammy description rkers Co rkers Co rkers Co Rate/Lo: Forms [Withdraw	ons omp omp ss C	of these finensation ensation cost R Combination	ules Ra on Rates/Ru	ıles/	
9. 10. 11. 12. 13.	Please print name of authorized in print print (See General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma Filing Type Effective Date(s) Requested	o-TOI) (s) (if uirements]	Wor	Tammy description rkers Co rkers Co rkers Co Rate/Loo Forms [Withdraw v: 07/01/	ons omp omp ss C	of these finensation ensation cost R Combination	ules Ra on Rates/Ru	ıles/	Forms
9. 10. 11. 12. 13.	Please print name of authorized in print print (see General Type of Insurance (TOI) Sub-Type of Insurance (Substate Specific Product code applicable)[See State Specific Requested Company Program Title (Ma Filing Type Effective Date(s) Requested Reference Filing?	o-TOI) (s) (if uirements] rketing title)	for o	Tammy description rkers Co rkers Co Rate/Lo Forms [Withdraw v: 07/01/	ons omp omp ss C	of these finensation ensation cost R Combination	ules Ra on Rates/Ru	ıles/	Forms
9. 10. 11. 12. 13. 14. 15. 16.	Please print name of authorized in print print (See General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma Filing Type Effective Date(s) Requested	o-TOI) (s) (if uirements] rketing title)	for (Wo) Wo) Wo) Nev	Tammy description rkers Co rkers Co Rate/Lo: Forms [Withdraw v: 07/01/ NO [ons omp omp ss C	of these finensation ensation cost R Combination	ules Ra on Rates/Ru	ıles/	Forms
9. 10. 11. 12. 13. 14. 15. 16.	Please print name of authorized ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Ma Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if a)	o-TOI) (s) (if uirements] rketing title)	for d Worl Worl Worl New N/A	Tammy description rkers Co rkers Co Rate/Lo: Forms [Withdraw v: 07/01/ NO [ons omp omp ss C	of these finensation ensation cost R Combination	ules Ra on Rates/Ru	ıles/	Forms

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 2008-00146	
21. Filing Description [This area should be similar to the body of a cover letter and is free-form to	ext]
Effective July 1,2 008 for new and renewal business, we wish to file to amend our declaration	
Information Page, 25-190. With this revision, we wish to amend 3.C. Other States Insurance.	
22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below	w]
Check #:	
Amount:	
Defends such stately absoluted for additional state succession accommendation of	
Refer to each state's checklist for additional state specific requirements or instruction calculating fees.	ons on

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



62 Maple Avenue Keene, NH 03431 603-352-3221

January 3, 2008

Hon. Julie Benafield Bowman Commissioner Of Insurance Arkansas Insurance Department 1200 West Third St Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director Property and Casualty Division

RE: Workers Compensation

Form Filing

PEERLESS INSURANCE COMPANY

NAIC #111-24198

THE NETHERLANDS INSURANCE COMPANY

NAIC #111-24171

AMERICA FIRST INSURANCE COMPANY

NAIC #111-12696

PEERLESS INDEMNITY INSURANCE COMPANY

NAIC #111-18333

Company Filing #2008-00146

Dear Mr. Lacy:

Effective July 1, 2008 for new and renewal business we wish to file revisions to our Workers Compensation Program.

At this time we wish to amend our Workers Compensation and Employers Liability Insurance Policy Information Page, 25-190 (07/08) to amend the wording used in Item 3.C. so that we can provide coverage in all states except those that have monopolistic funds.

Enclosed, please find our Declaration 25-190 (07/08) along with the required filing forms.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Jamy R. Blake

Sr. Analyst Regulatory Filing AM

E-mail: tammy.blake@libertymutual.com